Cedar Park Public Li	brary - /	Application f	or Library (Card	
STAFF USE ONLY			INITIALS		
CODE: R NR NR6 NR3 CPE			-	Date	
	(TexShareCard#)				
Mr. Ms. Mrs. Miss (Please circle one)	Last 4 digits of Social Security #				
Name					
Last	First			MI	
Resident Address		Apt		Apt	
City	State	Zip	Sbdv_		
Telephone		Cell		Business	
E-mail Address					
Would you like to receive a Monthly Events News	sletter by email	l? Y N			
DL#, State ID#, Consular card#, Passport# State/Country D.O.B (Circle One)					
Mailing Address(If different from residential address)					
City	State	State Zip			
STAFF USE ONLY CODE: JR JN JN6	JN3	JCPE T	S-LCLJV	TS-OTHERJV	
Linked Juvenile Accounts	DOB	Card No.	Exp. Date	TexShare Card No.	
Print/Audiov I, in consideration for this agreement with the Ced hereby agree that:		Borrower's Agreer Library to lend to n		ovisual (AV) materials, do	
A. Under no circumstances shall any AV material in part or in whole. Any unauthorized duplicat solely responsible for any legal action regardi. B. Any AV materials checked out in my name shall be activated to the shall be activated to the shall be activated.	tion shall autoning the copyrighall not be used t	natically cancel this ht infringement by t for commercial or t	s contractual rela the material's pro	itionship and I will be ducer or distributor.	
	broadcast or cablecast without written consent from the producer. C. Under no circumstances shall any AV materials designated for "home use only" or otherwise restricted to private viewing				
or listening be shown or listened to in a public place. D. As an adult (18 years of age or older), I take responsibility for the care of any Print/AV materials borrowed on my or my					
child's card and for determining the appropria E. I understand the library will not be responsible			e caused by plavi	ing ΔV materials	

By using this card (or authorizing its use by another person), I accept responsibility for materials borrowed; for penalties incurred through loss, damage or overdue fines; and for charges assessed for specific services as per City of Cedar Park Ordinance 1.09.022

period.

Signature_____Date_____